

**STATE OF RHODE ISLAND**  
**DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**  
**Formal Request for Hearing**

This form must be filed with the **Administrative Hearing Officer, Department of Children Youth and Families, 101 Friendship Street, Providence, RI 02903**, within thirty (30) days of receipt of an adverse agency decision.

**Please ensure that all applicable information is complete, accurate and legible.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(All maiden and married names must be included)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please check all of the following that apply to the filing of this appeal.**

- ☐ You were indicated for an allegation(s) of **child abuse and/or neglect**.  
☐ You were denied **employment**. If so, name of prospective employer \_\_\_\_\_  
☐ You were denied a **license** by the Department for Children Youth and Families.  
☐ You were denied as a **placement resource** for a child(ren). If so, name of child(ren) \_\_\_\_\_  
☐ You were denied **eligibility for services as a youth age 18 - 21**.  
☐ Other: \_\_\_\_\_

**Note: a request for an appeal based on a criminal records check must include a copy of the disqualifying information.**

Please briefly state the issue(s) you wish to address at the hearing. (Please use the reverse side of this form if you require additional space.)

\_\_\_\_\_  
\_\_\_\_\_

Name(s) and Date(s) of Birth of Child(ren) Involved in this Appeal \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Mother: \_\_\_\_\_

Name & Address of Father: \_\_\_\_\_

Name & Address of Foster Parent(s): \_\_\_\_\_

Name of Child Protective Investigator: \_\_\_\_\_

Name of Social Worker: \_\_\_\_\_

Name of other DCYF involved staff: \_\_\_\_\_

**I understand that I may represent myself or be represented by legal counsel.**

The Department, in accordance with Title VI of the Civil Rights Act of 1964, and other Federal and State regulations, does not discriminate on the basis of race, color, national origin, age, sex, gender identity or expression, sexual orientation, religious belief, political belief or disability in admission or access to treatment or employment in its programs or activities. The Department's Equal Opportunity Officer will attend all hearings where discrimination is an issue before the Hearing Officer.

Signature of Complainant: \_\_\_\_\_